



# News At Nine

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2002

TRICARE - Your Military Health Plan

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The official party salutes the colors during a ribbon-cutting ceremony at Los Angeles Air Force Base. Photo by LTJG M. Taylor Clark

## “CLINIC OF THE FUTURE” IS HERE!

The 61st Medical Squadron celebrated the grand opening of their new medical and dental “clinic of the future” Sept. 10 at the Los Angeles Air Force Base.

A ribbon-cutting ceremony was held in front of the new 47,967 sq. foot facility. Medical squadron staff, military

See *Future*, page 7



## Highlights and Bright Lights

Bright lights, slot machines, card tables, bountiful buffets, and entertaining shows are normal attractions that fill the Reno Hilton Hotel and the minds of their guests. But for a few days in early August, military healthcare was on the minds of 300-plus guests to the hotel and casino.

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# From the Lead Agent

***RADM James A. Johnson, MC, USN***



“Keeping the Promise” was an appropriate motto for 2001, which brought unprecedented changes and improvements to the military healthcare benefit. But even with our success in 2001, we are not afforded the luxury of basking in the glory of our efforts.

The motto of 2002, “Our Promise Kept, Our Nation Calls”, speaks to the challenges TRICARE Region Nine and the entire Military Health System faced this year and will continue to face in 2003.

These challenges are enormously profound, yet quite different from the previous year. Our commander in chief gave the military a standing order after 9/11 to “be ready” to support any contingency that may occur at any place and time in the war against terrorism.

The TRICARE Region Nine Contingency Support Committee (CSC), which consists of members from the Office of the Lead Agent, Region Nine Military Treatment Facilities, Coast Guard, Southwest Dental Command, Health Net Federal Services, and the Department of Veterans Affairs, has been working toward that goal to develop strategies and plans to balance the support to our military forces and still maintain the TRICARE benefit for the beneficiaries.

In order to accomplish these complex requirements, and sometimes, competing demands, a unified effort must be achieved among the military, federal and civilian healthcare networks. I am quite proud of the CSC’s work and all of our federal and civilian partners for their commitment to our cause.

This balance of military readiness and beneficiary support would be more than enough of a challenge for a region in any given year. However, simultaneous to our contingency planning is the process of transitioning to new managed care contracts. These contracts give the additional network support needed to provide the region a complete military healthcare system.

We are currently working under contracts written in 1991. Much has changed since the original contracts were written and significant changes are needed. In August, a “request for proposals” went to the civilian healthcare industry which outlined the criteria of the new contracts and requested bids from interested contractors. Healthcare contractors have until December to submit their proposals. The new contracts will be awarded in June 2003.

In addition to the solicitation of new contracts is the consolidation of eleven CONUS regions to three CONUS regions. This will facilitate the portability of the TRICARE



benefit. Fewer regions will mean increased standardization and better service to our beneficiaries.

The important piece to remember is even though the managed care support contracts may change and there will be fewer regions, it must be a seamless process to the beneficiaries. The only changes will be improvements in their access to healthcare, greater ease in portability, and less claims issues.

My personal goal for TRICARE Region Nine is not just to satisfy our customers but also to delight them through our positive attitude and by their confidence that we offer the highest level of services better than any healthcare system in the world. I am proud of the thousands of personnel in TRICARE Region Nine who make the effort each and every day to achieve that goal.





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# From the Desk of Dr. William Winkenwerder, ASD (Health Affairs):

## *Major Changes In Health Professions Incentives Pay*



On many of my visits to your facilities and commands, I have heard your concerns regarding the ability to retain top-notch health professionals in some specialties.

Your colleagues on my staff share your concerns and I have taken a first step to help foster improved retention of our people.

We will pay new incentives in 2002 to certain health professionals under the Critical Skills Retention Bonus (CSRB) program and increase some physician incentive pays for FY 03, effective Oct. 1, 2002.

The plan we have developed will pay designated health professionals with "critical skills" targeted specialty bonuses of \$8,000 to \$50,000 in exchange for a commitment to remain on active duty for one year.

The issue of attracting and retaining an appropriate number of qualified uniformed health care professionals is paramount to the success of the Department's dual health care mission.

Our health care system provides care not only to the war-fighter, both in preparation for and during conflict, but also takes care of their families and those service members who retire.

Finding the optimum mix of military and civilian, enlisted and officer, contract and in-house providers is our ultimate goal.

This process takes time, and we have used CSRB to address the immediate problem areas.

We will, in time, be addressing other specialties and making more permanent changes to those covered this year under CSRB.

Radiologists, anesthesiologists, surgeons, and other specific physician specialties, plus dentists and certain nurse specialties are eligible to apply for CSRB bonuses under this plan.

Eligibility for the CSRB is targeted to those professional communities with severe current or threatened personnel shortages and very large pay gaps that cannot be addressed solely through Multi-year Special Pay (MSP) or Dental Officer Multi-year Retention Bonuses (DOMRB).

According to a February 2001 report from the Center for Naval Analyses (CNA), these pay gaps average 51 percent for physician specialties included in this plan, and 40 percent for dentists.

It is important to note, however, that we do not intend the extension of the CSRB program to health professionals as a permanent solution to the personnel shortage, but rather as a bridge to improve retention in these critical skills while we continue to work on changes to the Department's

overall incentives program.

The use of the CSRB is meant to boost your faith in the system and let you know that the Department is serious about addressing retention issues.

Additionally, we gained Department approval in the FY 03 annual physician pay plan for the increase of all physician specialty MSP rates to the maximum annual amount allowed by statute - \$14,000 per year.

This maximum is available to individuals meeting eligibility requirements. One important difference between the physician MSP and the new CSRB program is that some individuals who are not yet eligible for MSP will be able to take CSRB – as long as they meet the qualifications outlined in the policy.

The Military Health System represents the highest quality health care provided anywhere in the world. It should be a source of pride for all health professionals to belong to this very large, very complex system.

As your leader, I want you to know that I recognize the pay differentials and while we may never close the gap with the private sector, I am committed to finding the means to retain you and those who follow you in service to the men and women serving this nation.



# 61st Medical Squadron Awarded “Best of the Best”

The 61st Medical Squadron at Los Angeles Air Force Base was awarded the TRICARE Region Nine Lead Agent’s Award 2002 during the 3rd Annual West Coast TRICARE Conference Aug. 6 in Reno, Nev.

RADM James Johnson, Lead Agent for TRICARE Region Nine, presented the award to Col Gregory Allen, 61st Medical Squadron commander, in front of the 300-plus attendees for the three-day conference.

“We are very happy to receive this award. We are just a part of a bigger region and realize there are facilities that are just as good. The squadron is humbled by it,” Allen said.

The Office of the Lead Agent’s Analysis and Evaluation (A&E) department developed the criteria for the award. The department used results from the TRICARE Operational Performance Statement (TOPS) posted on the TRICARE Management Activity (TMA) website.

TOPS is posted every quarter and the department used nine different measures on TOPS ranging from waiting times for appointments to overall satisfaction with a customer’s visit. It is used as a statement and an evaluation tool by the TMA and the Office of the Assistant Secretary of Defense (Health Affairs) as a snapshot of the performance of the military health system.

Ginger Schwenkler, healthcare analyst in the A&E department, said TOPS makes the judging of the award fair between all the hospitals and clinics because it figures in the different sizes of the facilities to make the grading even.

The department took each MTF’s TOPS from October 2000 to September 2001. “We added up all the measures for the year and averaged them out and the top MTF won the award,” Schwenkler said.

61st Medical Squadron is the first



***RADM Johnson and COL Sanchez present the Region Nine “Best of the Best” award to Col Allen and staff of the 61st Medical Squadron during the 3rd Annual TRICARE West Coast Conference.***

to receive the new annual award. The award’s inscription names the squadron as “Best of the Best - presented in recognition of their outstanding patient access and customer satisfaction.”

The squadron improved patient access by reorganizing their clinic twice in the past year while supporting two separate communities with clinical needs in the Los Angeles area. “The award shows how important our community is to us because they are the ones that fill out the customer surveys,” Allen said.

The squadron improved customer satisfaction by putting in shuttles that take pharmacy customers through a construction site for a new clinic that opened Sept. 10. The shuttles transported customers from the parking lot, through the construction site, to the pharmacy, and then back to parking.

The squadron also learned from problems with customer satisfaction by creating the use of “secret” patients. When a customer has a problem at the clinic, they are asked

to be a “secret” patient and are able to share their experience directly with the commander of the squadron.

“Our number one thing is customer satisfaction and the secret patient is one of the ways we work to improve it,” Allen said. “Customer service is nothing new to us and winning this award just makes us work harder.”

***“Customer service is nothing new to us and winning this award just makes us work harder.”***

***-Col Gregory Allen***

# Belize? Where is Belize?

By Capt Nicole Salas, 30th Medical Group

**B**elize? Where is Belize? This was the question that quickly circulated throughout the 30th Medical Group at Vandenberg Air Force Base after the readiness flight chief announced in February an upcoming tasking to the group to support a humanitarian mission in Central America.

The objective - to provide medical, dental and optometry support to the Stann Creek district in Belize, a small country nestled between Mexico and Guatemala along the Caribbean coast.

Belize, which is slightly smaller than Massachusetts, is home to 250,000 people, 33 percent of whom live below the poverty level.

The medical treatment team



**Capt Patrick Shea (l) and SrA Angelina Garcia turn a library into a makeshift dental clinic to provide basic dental care to a local man.**



called Team Jaguar consisted of five physicians, a dentist, an optometrist, a nurse, a pharmacist and two medical technicians. The team arrived in Belize May 4 for a two-week visit.

From the moment the team set up the makeshift clinics in the local elementary schools, patients anxiously lined up as early as 4 a.m. to visit the American doctors. Even people without true medical concerns waited in line just to see the staff.

One young boy waited an hour because his "elbow hurts when he hits it against the wall." In just ten days, Team Jaguar was able to provide medical care to 3,336 adult and pediatric patients.

In addition to extracting over 50 teeth and distributing dozens of eyeglasses, the team screened for hypertension and diabetes, treated people for skin and fungal infections, administered steroid injections, dressed wounds, provided medication to eliminate intestinal parasites, and identified several patients with life-threatening conditions.

One patient came to the clinic only to get an examination by the optometrist for a vision problem, yet had a severely infected leg wound. It was obvious to the team this man had more critically urgent needs than eyeglasses.

An internal medicine physician quickly loaded him into a flatbed truck and transported him to the local hospital for

*See Belize, page 7*



## Future

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members, family and friends filled the audience and heard remarks given by Maj Gen (S) Craig Cooning, Vice Commander, Space and Missile System Center; RADM James Johnson, Lead Agent, TRICARE Region Nine; Col Phil Parker, Commander, 61st Air Base Group; and Col Gregory Allen, Commander, 61st Medical Squadron.

The official party concluded their remarks and opened the \$12.7 million clinic by cutting the ribbon at the front entrance that later welcomed everyone with an open house and refreshments.

The facility was constructed in a little over 24 months and is the first of three scheduled Air Force "clinics of the future."

TRICARE Region Nine established a project team that used computer models for simulating the clinical and business processes of a primary care clinic. The results of the simulations helped identify the most cost-effective and highest service quality solutions and were directly implemented into the construction of the new clinic.

During Col Allen's remarks, he referred to the award the squadron received in August, from RADM



**Col Phil Parker, Lt Col James Rozman, RADM James Johnson, Maj Gen Craig Cooning and Col Gregory Allen cut the ribbon to open the new "clinic of the future."** Photo by LTJG M. Taylor Clark

Johnson, as the Region Nine "Best of the Best" for customer satisfaction and patient access. During the award ceremony, Johnson asked him to tell everyone what the group did to receive the award.

Allen waited to respond until his remarks at the clinic's grand opening.

"Well, I've now had time to prepare a great answer. In fact, I have approximately 129 reasons why Los Angeles

won the customer satisfaction and access award," Allen said.

"In the formation today you are looking at the answers. When you tour the clinic you will observe professional officer, enlisted and civilian medics proudly working in every office throughout the squadron...The squadron is ready. Let's cut the ribbon and open the clinic!"



## Belize

*continued from page 6*

more definitive care. Fortunately, a team of American surgeons from "Helping Hands for Christ" were also in town. They were able to surgically graft the wound and save the man's leg.

The humanitarian mission to Belize provided Team Jaguar extremely valuable field training opportunities in a third-world country. They were able to train and provide medical support in remote villages where health services were scarce or totally unavailable.

**Capt Patrick Shea performs a general exam on a local girl in a classroom turned clinic in the Stann Creek District of Belize.**

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# Proactive Health Promotions Become the Standard at Robert E. Bush Naval Hospital

By Dan Barber, Public Affairs Officer  
Robert E. Bush Naval Hospital

**B**eneficiaries of the Robert E. Bush Naval Hospital enjoy a complete multimedia health promotion and education program.

For the past two years, Martha Hunt, Health Promotions Coordinator for the hospital, in collaboration with the hospital's Public Affairs Office, has developed a health promotion program designed to fit the unique needs of the Naval Hospital located at the Marine Corps Air Ground Combat Center (MCAGCC) in Twentynine Palms, Calif.

Hunt developed a display of all poisonous and nonpoisonous (yet scary looking) critters that one may find in the Mojave Desert. With the onset of military operations in Afghanistan, she researched and provided information on dangerous insects and snakes located in central Asia. The hospital lobby display of local critters became so popular with visitors, the community library in the City of Twentynine Palms also requested a copy of the display.

In addition, Hunt has produced or published hundreds

of handouts and informational pamphlets on a wide array of topics from disease prevention and home safety, to stress and support group information that someone who lives and works in the arid California desert will find valuable.

Hunt also developed and published a well-received Community Resource Directory for the staff and beneficiaries of the hospital. The Community Resource Directory has all local, state and federal health and social service resources available to the public. The directory includes a listing of toll-free health information numbers, support groups and all military health websites including overseas stations.

Tobacco users at MCAGCC have the opportunity to attend Hunt's monthly tobacco cessation classes. She offers classes each Tuesday at the hospital, either during the lunch hour or after work. Since Hunt has conducted this class, she has seen more than 200 people complete the program out of 343 initially signing up. "Of those people I can track at six months, at least 50 percent of them have given up tobacco use," Hunt said.

Each month Hunt also writes a "Here's To Your Health" column for the hospital's newspaper, The Examiner, and in keeping with her 'critters of the desert' information program, she provides a monthly "Critter De Jour" column. Examiner articles have covered a wide array of topics relevant to the MCAGCC population including heat safety, cancer prevention, stroke and hypertension prevention, back to school issues, and even tattoo safety and removal.

Last year, the hospital converted the command's newsletter to a newspaper. Permission was obtained from the Commanding General of the Combat Center for an amendment to the base newspaper's publishing agreement with a civilian enterprise publisher to include The Examiner in the agreement.

This action saves the hospital more than \$20,000 per year, and provides an increase in circulation of the newspaper from 700 copies per month, which were distributed within the hospital, to more than 8,000 copies currently being delivered to beneficiaries' homes. All of this is at no cost to the government or the Robert E. Bush Naval Hospital.

Since the hospital's Public Affairs Office reformatted the hospital's newspaper to increase circulation and become a tool for health promotions and health education, Hunt has established the monthly theme of the publica-

*See Proactive, page 11*



***Dr. Pam Xaverius, (l), of the University of Missouri and Martha Hunt, (r), the health promotions coordinator of the Robert E. Bush Naval Hospital, brief the leadership of the Marine Corps Air Groud Combat Center, Twentynine Palms on the STAR project, a comprehensive community tobacco addiction reduction plan. The Combat Center is a volunteer site for a congressionally mandated 18-month long tobacco cessation research project.***



# 30th Medical Group Conquers 2002 Odyssey Inspection

By Capt Patricia Fowler,  
Managed Care Flight Commander  
30th Medical Group

On the afternoon of July 12, the 30th Space Wing Commander received a telephone call from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Air Force Inspection Agency (AFIA) and was told the 30th Medical Group would be inspected in 30 days.

The JCAHO surveyors and AFIA's Health Services Inspection (HSI) team were scheduled to arrive on Aug. 14. Similar to an Air Force Operational Readiness Inspection, these inspections measure the medical group's readiness to meet its mission requirements. Added to the inspection process is an evaluation of how well the medical group provides day-to-day patient care.

JCAHO's mission is "to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations." HSI's mission is to "assess readiness; provide an independent assessment of medical care; identify instances of fraud, waste, or abuse; and evaluate and report on the effectiveness and efficiency of medical management." The two organizations came together and conducted a combined inspection known as "Sustained Performance Odyssey."

The personnel went right to work and began inspection preparations immediately. As Aug. 14 approached, the preparations intensified with the finalization of group



**Col Charles Campbell (I) is presented the HSI mission readiness certificate from Col James Bloom, Team Chief, Health Services Inspections, Air Force Inspection Agency.**

operating instructions updates, record reviews, and facility cleanup. If these things weren't enough to keep the staff working busy, it was also necessary to develop the inspection team's work center, assign escorts and ensure all required documents were assembled and placed in the team's work center.

Finally, the medical group had to identify members to be present during the inspectors' interviews, and meet with these members to review checklist items and potential questions.

JCAHO recommended full accreditation to the 30th Medical Group after the inspection and the initial results show why. The preliminary JCAHO score for Ambulatory Health Care was 95 out of 100, and the preliminary Behavioral Health Care score was 99 out of 100. The HSI team in its preliminary results gave the clinic their highest rating of "Mission Ready."

Col Charles Campbell, commander of the 30th Medical Group, said he is extremely proud of the results and his staff's accomplishments. "We put a lot of hard work into getting ready for the inspection and the scores demonstrate how prepared we were. But you can't just use the last 30 days to get ready," Campbell said. "The 30-day notification is more of a way to evaluate how we perform on a daily basis rather than evaluate how well we can get spun up for the inspection."

Campbell added, "With that in mind, we started training in February of this year and performed a thorough self-inspection in April striving to be inspection-ready all the time. It's nice to have the inspectors come here and validate that our focused training was right on target."



**Commander, 30th Medical Group, Col Charles Campbell stands with his Executive Committee after the success of their JCAHO inspection.**

# Regional Contingency Workshop Prepares for the Future by Planning Today

*By Office of the Lead Agent Regional Operations Department*

The Contingency Support Committee (CSC), under the leadership of the TRICARE Executive Committee, conducted a regional workshop June 27-28 with the goal of improving regional integration during contingencies.

CSC is made up of representatives from Military Treatment Facilities, Coast Guard, Health Service Office, Veterans Affairs, and OLA. The members of CSC normally meet monthly by conference call or video teleconference.

LCDR David Drozd, Data Quality Manager at OLA and member of the CSC, said the two-day workshop was needed to meet all the new faces that came into the region and CSC during the summer. "It was a great opportunity to network and let everyone see what we do at OLA," Drozd said.

The first day of the workshop consisted of presentations by OLA staff on CSC relevant areas of contract oversight, including the bid price adjustment, resource sharing agreements, resource support and an overview of managed care support contract requirements during contingencies.

Additionally, members were provided with a hands-on demonstration of the capabilities of WEBEX. WEBEX is an interactive Internet-based program that allows meeting and information exchange between people with computers in any location.

The CSC intends to use this technology for future meetings and contingency exercises.

Committee members were also given a tour of the hospital ship USNS Mercy (T-AH 19) where many team members had a chance to see the ship for the first time. Mercy has a 1,000-bed capacity and is designed to provide acute medical and surgical care for military personnel where hostilities may be imminent.

"I think the members from other services that had never been on a military ship were surprised with the size of the

Mercy and its capabilities," said LT Lorna Dennison, HIPAA Project Officer at OLA.

On the second day of the workshop, members attended an emergency response planning class held at the Sheraton East Hotel in San Diego.

SkillPath Seminars sponsored the planning class and offered plenary sessions that included classes in assembling an emergency plan and building an emergency response team.

"This was an excellent opportunity to observe how nonmilitary organizations plan for emergencies. It also allowed us to integrate some of their ideas into our military readiness model," Dennison said.

Drozd added, "This two-day training session was another example of RADM Johnson's vision to keep Region Nine on the cutting edge of readiness preparation."

"CSC continues to play a critical role in ensuring TRICARE Region Nine will be able to provide an integrated regional response to any type of contingency that might occur on our nation's soil or a contingency we may need to support overseas."



**CSC members learn about CSC relevant areas of contract oversight from presenters at the workshop.**

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# Balboa Gets EBusy with Easy-CHCS

By Doug Sayers, NMCSA Public Affairs

Powered by an initial grant from the Navy's eBusiness program, Naval Medical Center San Diego's Directorate for Informatics has launched a new pilot to increase DoD and VA data exchange capabilities.

The program builds on a prior collaborative effort called *Easy-CHCS*, which created a web-based provider portal with access to clinical information, and appointing/consult management functionality.

According to LCDR Emory A. Fry, MC, "Patients often schedule subspecialty appointments by going to the clinics in person to avoid waiting for mail notification of a potentially inconvenient appointment, or waiting for phone contact from the clinic."

With *Easy-CHCS*, Fry added, "the provider orders consults and books follow-up and subspecialty appoint-

ments at the point of service." The portal proved to be so cost effective that it is being deployed DoD-wide early next year.

Fry said the new DoD-VA prototype builds on the *Easy-CHCS* portal allowing "DoD and the Veterans Administration providers controlled access to each other's records from anywhere in the Federal Health Care System. Such data access is essential to meeting the president's mandate for greater resource sharing between the two systems."

The pilot program seeks to incorporate a number of components built for other government Information Technology initiatives into the *Easy-CHCS* portal architecture.

"The necessary pieces are ready to be woven into comprehensive Common Object Request Broker Architecture

(CORBA) based architecture," says Fry, who believes a demonstrable pilot will be available by January. CORBA is a means for computers across the country to communicate.

A number of other functions are also undergoing integration into the portal such as Exchange Markup Language (XML) based clinical notes, wireless handhelds, digital radiology images, and the incorporation of dictated operation reports, narrative summaries, and consult results.

The seed money that eBusiness provides is expected to lead to many more IT innovations that will increase productivity, enhance patient care and offer greater resource sharing opportunities with other healthcare agencies who interact with Navy Medicine.

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## Proactive

*continued from page 8*

tion. This monthly theme is determined through a multidisciplinary collaboration of health care providers on the hospital's Health Promotions Steering Counsel that she chairs.

The "theme of the month" health promotions articles also match the health promotions display found in the hospital lobby. The lobby display offers pamphlets and other education materials that complement the monthly theme. The lobby display also includes a steady supply of routine health education materials on topics such as tobacco cessation and stress reduction.

A few years ago, the Robert E. Bush Naval Hospital negotiated with the local cable TV company to provide a closed circuit cable channel at no cost, so the hospital could provide its patients with a health promotion channel on the waiting area televisions. The command then obtained a six-deck video insertion system, along with the appropriate computer software to facilitate automatic television programming through the Public Affairs Office.

In addition to her print products, Hunt also provides the Public Affairs Office with health and safety videos to play on the hospital's closed circuit cable television system, which benefits patients waiting to see a provider.

"These videos are only 10 to 15 minutes long and are good sources of health or safety information for our patients," Hunt said. "They are just long enough for our patients to get some good information before they are seen by their provider."

In keeping with ever changing technology and to tie all of her health promotions together, Hunt developed a Health Promotions Web page that is included on the hospital's main website. The website offers information on men's health, child safety, sports injury prevention, HIV and STD education, CyberSafety and tobacco cessation, to name just a few of the topics and links offered.

The use of the website makes information available to beneficiaries in the privacy of their own home. It also saves the command money, due to a reduction in printing expenses and purchasing of printed education materials.

Since her arrival, Hunt has become a valuable staff member of the Robert E. Bush Naval Hospital. Other staff members, patients and civilian and military treatment facilities seek out her advice and resources. Hunt is also participating in the upcoming DoD national tobacco cessation project, as well as contributing to the DoD push to include reserve units in health promotion activities.



# OLA and NMIMC Talk Technology

By LTJG Nathan Cowall

Office of the Lead Agent ITT Department

Members of Region Nine Office of the Lead Agent (OLA) Information Technology and Telemedicine (ITT) department demonstrated the power of their new web-based applications to members of Naval Medical Information Management Command (NMIMC) at their technology collaboration workshop in San Diego June 3-10.

OLA had invited members of NMIMC to view their potential collaborative efforts, such as wireless technology initiatives, data warehousing, data mining, and web-based applications.

ITT staff briefed NMIMC personnel on the Rapid Applications Development Program and the Data Warehouse.

The Data Warehouse takes data from sources such as Composite Health Care System (CHCS), Defense Enrollment Eligibility Reporting System (DEERS), and Ambulatory Data Module (ADM), and makes the data available for use by applications for Military Treatment Facilities (MTF).

The data warehouse can electronically produce a patient data form (SF-600), provide analytical data to management, and grant providers web access to patient data. This quick access to data and forms can dramatically increase efficiency and productivity, saving physicians, on average, 3-5 minutes per patient per visit at one MTF.

"We demonstrated that the future

is in data mining," said Craig Palmer, Program Manager for ITT. "Additionally we were able to show how

providing extensive training in Database Technology for Region Nine members. She made available over 100 days of training, valued at approximately \$60,000 to the region.

Although a civilian, Towers is quite familiar with the military custom of awarding coins. Her father was one of the first recipients of the Commander in Chief Pacific coin for his service with the command and control interoperability boards within the combined interoperability program.

"It was a big surprise," Towers said upon receiving the military honor. "I was

totally shocked. It's the kind of stuff, in my mind, that I've really worked for. It lets me know I've done the job I hope I've done. It was just a nice feeling."

The executive director doesn't believe in giving these coins out to just anybody.

"The custom of awarding an organization coin to a staff member who does a great job or an individual from outside the organization who helps the unit is important," Sanchez said.

"The coin represents the organization and getting one indicates the person has helped accomplish our mission. We are proud of the Office of the Lead Agent Region Nine and anyone who gets one of our coins should display it proudly. Having an OLA coin indicates that person has been part of one of the best teams in the Department of Defense Military Health Care System."



**Nathan Maffeo (second from left) demonstrates the advantages and conveniences of his department's applications to members of OLA and NMIMC.**

quickly we can develop web-based applications."

Upon their return to Bethesda, attending members from NMIMC recommended testing of ITT's products to their command, according to Cynthia Towers, NMIMC program manager.

Another highlight of the conference, OLA recognized two members of NMIMC for assistance they have provided. COL Ramon Sanchez, Region Nine Executive Director, presented Shane Sinnett and Towers with the Region Nine TRICARE Organization Coin.

Sinnett, a consultant with NMIMC, received his coin for playing a key role in OLA's transition to a new mail system. Sinnett made himself available on nights and weekends to assist OLA through the installation and conversion process.

Towers received her coin for

## Traditions of the Military Coin

Commands issuing coins with their unit's emblem to members is a tradition in the American military that has a history going as far back as World War I. The tradition has roots in the Roman Empire, where coins were presented to reward achievements. There are several stories and rumors of how it originated in the U.S. Armed Forces and how related ceremonies are conducted. The sidebar to the right is an excerpt from [www.militarycoins.com](http://www.militarycoins.com), which presents one of the more common versions of the story.



**COL Sanchez presents Shane Sinnett of NMIMC with a Region Nine TRICARE Organization Coin.**



**COL Sanchez presents a Region Nine TRICARE Organization Coin to Cynthia Towers of NMIMC.**

## History of the Military Coin

*During World War I, American volunteers from all parts of the country filled the newly formed flying squadrons. Some were wealthy scions attending colleges such as Yale and Harvard who quit in midterm to join the war. In one squadron, a wealthy lieutenant ordered medallions struck in solid bronze carrying the squadron emblem for every member of his squadron. He carried his medallion in a small leather pouch around his neck.*

*Shortly after acquiring the medallions, the pilot's aircraft was severely damaged by ground fire. He was forced to land behind enemy lines and was immediately captured by a German patrol. In order to discourage his escape, the Germans took all of his personal identification except for the small leather pouch around his neck.*

*He was taken to a small French town near the front. Taking advantage of a bombardment that night, he escaped. However, he was without personal identification.*

*He succeeded in avoiding German patrols and reached the front lines. With great difficulty, he crossed no-man's land. Eventually, he stumbled onto a French outpost.*

*Unfortunately, saboteurs had plagued the French in this sector. They sometimes masqueraded as civilians and wore civilian clothes. Not recognizing the young pilot's American accent, the French thought him a saboteur and prepared to execute him.*

*Just in time, he remembered his leather pouch containing the medallion. He showed the medallion to his would-be executioners. His French captors recognized the squadron insignia on the medallion and delayed long enough for him to confirm his identity. Instead of shooting him, they gave him a bottle of wine.*

*Back at his squadron, it became a tradition to ensure that all members carried their medallion or coin at all times. This was accomplished through a challenge. A challenger would ask to see another person's coin. If the challenged could not produce his coin, he was required to buy a drink of choice for the member who challenged him. If the challenged member produced his coin, the challenging member was required to pay for the drink.*

*This tradition continued throughout the war and for many years after while surviving members of the squadron were still alive.*

# Health Plan Management Officer of the Year

## Air Force-wide award focuses on leadership and mission impact

The Office of the Lead Agent (OLA) for TRICARE Region Nine has an Air Force officer that is new to the office, but not to the region. OLA is his third command in a row in Southern California and he brings an Air Force-wide honor with him.

Capt Kevin Seeley won the Health Plan Management Officer of the Year award from the United States Air Force Medical Services.

The path to this award started when Seeley's supervisor, Lt Col Scott Dawson, 30<sup>th</sup> Medical Group administrator, Vandenberg Air Force Base, told Seeley that he was the candidate at the medical group to compete for the command-level award. Seeley competed against other units and won for the command level at Headquarters, Air Force Space Command, Vandenberg AFB. He then went up for the Air Force-wide award at Headquarters, U.S. Air Force, Bolling AFB, Washington, D.C. and beat out 12 other submissions to receive the Air Force's top award.

Seeley worked at the medical group as the business operation flight commander where he managed TRICARE operations for the group. "Normally it's two positions. I was the managed care and resource management officer. I was dual hatted and it was a lot of work keeping up with the needs of TRICARE and budget. I would definitely call it challenging," Seeley said.

Seeley had to submit a two-page write-up that covers three main areas of leadership and job performance in primary duty, significant self-improvement, and base or community involvement. "So much stuff went into the award write-up because so much went on at Vandenberg," he said.

The award puts emphasis on leadership and self-improvements because when candidates are competing for these awards the Air Force wants to see mission impact, Seeley said. "They want to see who had the greatest impact and I think my job let me do that."

One example of his mission impact came as the readiness team chief at Vandenberg where he facilitated the mobilization of a medical team to support Operation Enduring Freedom. "We got orders to deploy and within

12 hours, we had 19 personnel ready to go," Seeley said.

Col Charles Campbell, commander of the 30th Medical Group said Seeley's impact was also felt by cutting down authorization turnaround time.

"He established the first ever radiologist sharing between two major commands at Vandenberg and Edwards. We share a radiologist with Edwards, which saved us \$350,000. Every other week the radiologist switches between the two commands," Campbell said. "Kevin

designed the whole thing. He engineered it from start to finish and worked out all the details and what it does is preserve in-house radiological services at two locations."

Seeley joined the Air Force in 1991 as an enlisted aerospace medical technician. He separated in 1995 to get his MBA degree through the ROTC program at the University of Colorado and was commissioned an officer in 1997.

Seeley now works at OLA as the regional IT Project Manager in the Information Technology and Telemedicine (ITT)

Department. His current project is assisting with development of TRICARE Online. He also assists with fielding of products from ITT like the data warehouse and telemedicine.

His latest job at OLA is his third duty station in Southern California in a row. His first job was at Edwards AFB and Seeley said he thought his next duty station would be at Region 10, but there were no jobs open there. When a job at Vandenberg AFB opened, he thought, "it seemed like a nice place to go."

"I was specifically looking to broaden my experience in managed care operations and resource management and when the Vandenberg job became available, I thought it would be a good opportunity."

The opportunity extends to his personal life. Seeley and his wife, Dottie, are both Southern California natives, which allows him to connect with family and friends while working at his new job at OLA. Seeley said, "I want to put my MTF experience to work here and help focus operations from a MTF perspective to help us deliver tri-service oriented products."



***RADM Johnson is joined by Col Campbell to present Capt Kevin Seeley the Air Force's Health Plan Management Officer of the Year award.***



## Highlights

*continued from cover page*

“Strength Through Unity” was the theme of the 3rd annual West Coast TRICARE Conference that was held at the Reno Hilton Hotel from Aug. 6-8 for TRICARE Region(s) Nine, Ten and Eleven.

Col (Dr.) James D. Collier, Lead Agent, TRICARE Region Ten, opened the conference of 300 attendees with words of welcome. He said much has been done, like the different pharmacy initiatives, but there is still more to do.

The first speaker for the conference was Edward Wyatt, Jr., Principal Deputy Assistant for the Secretary of Defense, Health Affairs, whose topic was “Tricare 2002 and Beyond.”

“TRICARE is working. People are working problems out at their regions and that is good news. Some things are good, but could be better,” Wyatt said.

He then detailed some of the ways the system will and needs to improve in the future. “Local commanders will have more authority, but also more responsibility. An optimized MTF hasn’t been achieved yet, but the new contracts will provide support for all beneficiaries, not just TRICARE Prime people,” Wyatt said.

“We need the focus on performance and customer service, where the new contracts will substitute incentive fees for customer service. We want the phones answered quickly and with a happy voice.”

Wyatt also pointed to improving childcare services “to show we care for those expectant mothers.”

He added a change in cultural mindset was needed to get away from it being “us against them” and to simply fix it when faced with a problem. “If it is local, fix it local. If it is regional, fix it regional. And if it is the system, give me a call,” Wyatt said.

The remainder of the first day of the conference was dedicated toward presentations from contractors, Veteran



***The lobby of the conference room serves as a place for all three regions to share experiences.***

Affair’s Department personnel, Military Treatment Facility (MTF) personnel, and Department of Defense personnel speaking on a variety of topics from DoD/VA sharing the government healthcare delivery system to empowering patients and improving health outcomes.

The rest of the three-day conference followed the same guidelines of working on the business of today with preparing for the challenges of the future.

The main ballroom had a separate room next to it where commercial exhibitors were set up to promote their products and services during the conference. Presenters from different MTFs in all three regions also displayed a variety of research projects and programs that their hospital was working on along the main lobby of the conference room.

The exhibitors and MTF presenters created an opportunity to openly discuss military medicine with each other during breaks throughout the conference. New ideas, shared experiences, and networking opportunities made the exhibitor and MTF presenters area, a popular destination during the conference.

The majority of the second day of the conference consisted of breakout sessions that divided the attendees into four different areas: IM/IT, Managed Care, Clinical and Readiness. The breakout sessions provided a more detailed focus of the different aspects and issues military medicine faces everyday.

The final day of the conference finished the breakout sessions and closed with a presentation from Russell Coile, Jr., a healthcare futurist.

While the breakout sessions focused on dealing with the details of today’s military healthcare concerns, Coile covered the challenges and possible changes military medicine will be faced with in the future.

The three-day conference was filled with highlights from speakers and bright lights of Reno as the participants took their experiences of the event back to work for the beneficiaries in their regions.



***The poster session allows all three regions to exchange ideas and information with each other.***

# ITT Takes Pride in Products and People

By LTJG Nathan Cowall

Office of the Lead Agent ITT Department

Computer specialists from TRICARE Region Nine Office of the Lead Agent (OLA) have been turning out programs and applications that make access to operational information quicker, easier, and more accurate for Military Treatment Facilities (MTF) and TRICARE personnel alike.

One recent example of innovations produced by OLA's Information Technology and Telemedicine (ITT) department, is Auto Parameterization. This program automatically allows an application administrator to control what a user sees while filling out a web-based form.

Auto Parameterization enables the regional staff to develop an application and customize it for each MTF's specific needs and operational requirements without any additional development. Because of the automated approach, the incremental time to develop an application is minimal.

Another application program built with the technology aids developed by the ITT department is the Analysis and Evaluation Problem Tracking System, also known as Data Request System. This program allows personnel from around the region to request a wide variety of medical analysis information by providing an online help desk to MTFs when they need medical, hospital, administrative or business statistics.

The stories of the people behind these developments can be every bit as impressive as the programs and applications themselves.

OLA's web master, Nathan Maffeo, created the Data Request System in six days using the new ITT tools-based approach, said Craig Palmer, ITT Program Manager. The ITT department had an estimated timeline of six months using the prior development approach.



**Kenny Carriger (l) and Nathan Maffeo often collaborate on new technology products from the ITT department at the Lead Agent office.**

Maffeo also developed the Auto Parameterization program. He picked up computer programming as a hobby at age 14. He took up a summer internship at Naval Medical Center San Diego's (NMCSD) Research and Development office doing work in web maintenance.

NMCSD was so impressed with his work they asked him to return the following summer as a student at the GS-4 level. Instead of finishing high school, Maffeo earned his GED and focused on his career in web application development. At the age of 18, he became a full-time web master at OLA in December 2001 as a contractor through Ensure, Inc. He also became Hyper-Text Markup Language (HTML) 3.2 certified.

"It became pretty obvious what my career path would be that second summer," Maffeo said. "I was at the point where work wasn't really work. I found myself getting paid to do something I'd be doing as a hobby

anyway."

Palmer noticed Maffeo's talents very early.

"When we were interviewing for his position, we asked each applicant 20 senior-level programming questions," said Palmer. "The more senior-level applicants, on average, got about half of them right, which is about what we expected. Nathan aced them all. And he's 18 years old! That's incredible!"

Maffeo also serves as Assistant Administrator for TRICARE Online, the newest TRICARE website for beneficiaries.

Another developer of ITT's web applications is Kenneth Carriger, who works as the Office Automation Assistant.

Carriger created a user-friendly, web-based inventory management system, which tracks not only OLA's physical property, but also software and over 200 software licenses registered to OLA personnel.

*See **Pride**, page 17*



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# Welcome to TRICARE Southern California!



**Cynthia A. DiLorenzo**  
**CAPT, MSC, USN**  
**Deputy Director,**  
**TRICARE Region Nine**  
**Office of the Lead Agent**

CAPT DiLorenzo joined the Region Nine Lead Agent Office, San Diego, Calif., as the region's new Deputy Director. She is filling the position that has been empty for several years. CAPT DiLorenzo previously served as the Deputy Director of the TRICARE Europe Office, Sembach Air Base, Germany.



**Calvin E. Williams**  
**COL, MSC, USA**  
**Commander, Weed Army**  
**Community Hospital**

COL Williams is the new Commander for the Weed Army Community Hospital, Ft. Irwin. He previously served as the Chief of Staff and Deputy Commander for Administration, William Beaumont Army Medical Center, Ft. Bliss, Texas. COL Williams relieved COL Lark A. Ford, who is now the Deputy Commander for Nursing at Brooke Army Medical Center, Ft. Sam Houston, Texas and the Great Plains Region.



**Sally J. Petty**  
**Col, USAF, MC**  
**Commander,**  
**95th Medical Group**

Col Petty is the new Commander for the 95th Medical Group, Edwards Air Force Base after being the Deputy Commander and Chief Nurse at the group. Col Petty replaced Col Charles W. Beadling who is now the Commander of the 375th Medical Group, Scott Air Force Base, Ill.

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## Pride

*continued from page 16*

Carriger also designed the graphics for the inventory management system website and websites for telemedicine and a recent utilization conference.

"Kenny's graphics capabilities are outstanding; some of the best I've ever seen," Palmer said. "His work is right up to par with some of the professional ad agencies."

Carriger's graphics and programming skills are self-taught. He did much of the work on building the process OLA uses for building web-based applications, which includes OLA's new Personnel Management System.

A native of Thailand, Carriger moved to the United States at the age of 15. He came to NMCS in 1999 as a

clerk in the pediatrics clinic. He later came to OLA and started work as Office Automation Assistant.

He became inspired while learning basic programs like Microsoft Word and Excel, and started pursuing the art of graphic design, while overcoming a language barrier.

"That's when I discovered that this is what I really want to do and that this is something I could really be good at," Carriger said. "I have to say that I'm currently the happiest I've ever been, professionally. I couldn't ask for a better arrangement."

Palmer added, "Lt Col Kerry Larson (ITT department head) and I both agree that accomplishing outstanding work is a pleasure with people like Nathan and Kenny backing us up."



# Standardizing Products Face to Face

*'At last,' the Tri-Service Product Review Board meets in person*

By Ricardo Orias

Senior Consultant, Anteon Team

The Tri-Service Product Review Board (TPRB) met Aug. 7 in Reno, Nev., to review progress of the standardization program and to plan and prioritize future projects.

The standardization program is an initiative that was formed as a result of a study conducted in late 1997 to improve the effectiveness and efficiency of tri-service managed healthcare operations within the Military Health System (MHS).

The TPRB, which is composed of logistics and clinical representatives from each military treatment facility (MTF) in Regions Nine and Ten, has been standardizing medical and surgical products since January 2000.

Standardizing products are done with commonly used medical or surgical supplies. Once a product is chosen for the process, a Clinical Product Team is formed and develops criteria, conducts a clinical trial, participates in the analysis of the data and pricing, and then a vote is taken for the company and product that the board wants to standardize.

CDR Pat Diggs, the Logistics Chief for Region Nine and Co-Chair of the TPRB called the meeting to order at 1430.

CDR Danny Yu and Lt Col Carol

Fisher, the liaison officers from the Office of the Lead Agent Regions Nine and Ten, respectively, addressed the board and thanked the members for their collaborative efforts and hard work in bringing efficiency and savings to the facilities.

Since inception of TPRB, the board has standardized 30 product groups with over \$1.8 million of savings and cost avoidance. The savings is derived from the 30 product groups total cost before and after standardization.

The TPRB reviewed clinical trial results for two product groups, endoscopy supplies and wash kits, and made a best value decision on one brand of wash kits that will save the two regions \$20,000 a year.

The Anteon Team is a group of three contractors that do the leg work for the TPRB in their standardization efforts; work with MTFs to analyze purchasing, pricing and distribution of medical and surgical products and equipment; and collect technical and clinical information on products being used in the two regions.

The Anteon Team conducted a Pareto analysis and presented the products that could be potentially standardized to the board. A Pareto analysis is a method to separate "the vital few from the trivial many." This data analysis method was developed in the 19th century by Italian economist, Vilfredo Pareto, and helps to direct the team's work where the most improvement can be made and focuses efforts on the greatest potential for improvement.

CDR Cherie Bare, the clinical representative from Naval Medical Center San Diego (NMCSD), discussed how the medical center's Product Review Work Group works in conjunction with the TPRB. This

group also serves as a communication link up and down the chain of command at NCMSD and to the TPRB. Bare explained the work group to the other MTF members for possible implementation at their commands.

The board reviewed and approved the following for FY-03 projects:

- IV administration sets
- IV infusion pump sets
- IV accessories
- Incontinence Supplies (diapers)
- Linens
- Clothing staff scrub wear reusable
- CSR wraps and packaging supplies
- Electrodes
- Sterilization indicators and controls
- OR scrub and prep supplies
- Pads and wipes

The meeting concluded with separate breakout sessions for the logistics members and clinical members. They explored methods and opportunities to effectively utilize the program to its fullest throughout their commands.

The attendees were happy to finally meet each other in person. The TPRB normally meets every other Wednesday through a teleconference.

The board decided to continue with the bi-weekly meetings and to make the face-to-face meeting an annual event during the TRICARE West Coast Conference.

Before leaving the conference room, CDR (S) Sally Jarvis from Camp Pendleton said goodbye to Capt Carla Leeseberg from Travis Air Force Base.

"At last, I know whom I will be speaking to on the phone," Jarvis said. "I won't see you 'til next year, but I'll talk to you in two weeks."

***Since inception of TPRB, the board has standardized 30 product groups with over \$1.8 million of savings and cost avoidance.***

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# New Clinic Groundbreaking at Edwards

*By TSgt Christopher Ball, Public Affairs Edwards Air Force Base*



***A computer-generated model of what the new medical clinic for Edwards Air Force Base will look like when completed in 24 months.***

A groundbreaking ceremony on April 26 marked the beginning of construction of Edwards' new medical clinic and renovation of existing facilities. In addition to the construction of a new 46,911 sq. foot facility that will be the workplace for approximately 130 95th Medical Group members, the project will include partial renovation of the dental clinic, landscaping and

ambulance shelter.

The new facility will replace the existing Edwards Clinic building, originally constructed in 1955 as an inpatient facility, and now the oldest military treatment facility in the continental United States. As the medical group transitions to a new clinic, the existing facility cannot be reconfigured to support the change. By current DOD space planning

criteria, outpatient facilities and ancillary services in the facility are severely space constrained. Inpatient space on the upper floors is not efficiently configured for other uses.

"Our current medical facility has served us well for nearly 50 years, but was designed for inpatient hospital care," said Col Charles Beadling, the former commander of the 95th Medical Group. Beadling recently turned over command to Col Sally Petty.

"This new 'clinic of the future' has been designed specifically for the efficient delivery of outpatient primary care, our current and projected mission. The health care needs of the Edwards base community will be well-served in this beautiful new facility," Beadling said.

The project initially got its start in 1998. Planning and design was completed by October 2001, resulting in an Air Force Materiel Command concept design award. The clinic is scheduled to be completed in 24 months.



***The official party breaks ground at the site of the new 46,911 square-foot medical facility at Edwards Air Force Base.***



## TRICARE Region Nine asks “Got Mammogram?”

By Dani Newman, Breast Care Project

October begins the annual kick-off for national recognition of breast cancer. October also begins a new yearlong focus in Region Nine on increasing the rate of mammograms performed on PRIME beneficiaries.

Mammograms are considered the “gold standard” in early detection of breast cancer. Region Nine MTFs and Health Net Federal Services (HNFS) are conducting a study to identify women with insufficient information to indicate if a current mammogram has been completed.

Contacting those identified beneficiaries person-to-person will give us the opportunity to fully explain what a mammogram is and the benefits from annual breast exams followed by mammography. Analysts at the Office of The Lead Agent (OLA) and HNFS are combining data sets to ensure the most complete and accurate information is available to the commands.

This opportunity to use real time data and reach our enrolled population reflects the military’s commitment to

the continued success at making the patients partners in their health.

Various opportunities exist to invest in our service members’ health and for our leaders to consider new and innovative ways to reach our customers. One opportunity is a new regional marketing campaign that will coincide

with the breast cancer national awareness events and the mammogram study. Buttons,

banners and other marketing material with the pink and black “Got Mammogram?” logo will be spreading the message of the importance of mammograms. The “Got Mammogram?” marketing campaign’s aim is to empower both our medical staff and patients to ask for the

best in early detection.

For more information on the “Got Mammogram?” marketing campaign, contact Dani Newman at TRICARE Region Nine Office of the Lead Agent in San Diego at (619) 532-9404 or [djnewman@reg9.med.navy.mil](mailto:djnewman@reg9.med.navy.mil).

